Health Economics in Rural-Urban Settlements: A Comparative Study of Kolhapur and Nanded District in Maharashtra State

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Background of the Study:

Health is one of the important indicators that determine the nations level of development. Each country undergoes through a process of development and change. And health is an important part of this process. Health and medical care services can accelerate or retard the national development and some aspects of economic and social change can improve or detract from the health status of the population.

The health economics aims to understand the behaviour of individuals, health care providers, public and private organizations, and governments in decision-making. When an individual falls sick and incurs 'out-of-pocket' expenses for health care, the impacts on household finances can be severe. If social safety nets are inadequate, a family can become impoverished not only directly from the out-of-pocket payments for medical care, but also indirectly from missing work, disability, or premature death, thereby leading to lowered income. In India out-of-pocket payments on health-care accounted for nearly 68 % of total health expenditures in 2005 World Health Organization (WHO) and nearly 90 percent of Indian workers are employed in the informal sector and do not have access to formal safety nets (Sastry 2004). Hence investigation in health is vital for promoting human resource development and economic growth in a country.

Over the years Kolhapur district has emerged for having one the highest per capita income in India**.** Being the sugar bowl of India and with sugar spinning and textile mills spread throughout Kolhapur district, it surely has raced ahead of many other cities in terms of economic growth in recent years and has established itself as a prominent destination in the state of Maharashtra.

The major industries in Kolhapur district are spinning mills, sugar industries, textile mills and they are supported by industries in sectors like engineering goods, poultry, foundry, chemicals, etc. which generate employment for lakhs of people in and around Kolhapur. The major small scale industries are into manufacturing auto spare parts, casting work, engineering works, diesel engines, silver ornament and Kolhapuri chappals. There are many other small scale and cottage industries in rural areas which run family businesses through generations into trades like hand-loom-weaving, gold smithy, oil crushing, brick and tile making, leather works and tanning and black smithy etc. which collectively provides

employment to large number of people**.** As per provisional reports of Census India, population of Kolhapur district is 3,876,001; of which male and female are 1,980,658 and 1,895,343 respectively. Although Kolhapur city has population of 3,876,001; its urban population is 2,645,992 and the rural population is 1,230,009.

Nanded district is part of Marathwada Region in Maharashtra. For the present study in and around area of Nanded district is selected. Nanded district is situated on the bank of Godavari River. Nanded district has a geographical area of 10528 Sq. Km. which forms 3.41% of the total geographical area of Maharashtra State. The district is situated in the Deccan Plateau. The district of Nanded has between 18°15' and 19°55' North latitude and 77°7' to 78°15' East longitudes. The total population of the districts was 33 56566 persons according to 2011 census and male i.e. 1732567 and female are 1623999. Although Nanded district has population of 3,361,292 its urban population is 913,898 and the rural population is 2,447,394.The Nanded district include 16 tahsils that is Nanded, Mahoor, Kinwat, Himayatnagar, Hadgaon, Ardhapur, Mudkhed, Bhokar, Umri, Dharmabad, Biloli, Naigaon, Loha, Kandhar, Mukhed and Deglur. Nanded in spite of being rich in man power and agriculture resources but did not have a great economic picture in the past as it was industrially backward. About 76% of the total Nanded population thrived on agriculture. However, lack of facilities such as transport, inadequate entrepreneurship, promotional investment and government support during days of Nizam affected the economy of this city greatly. The earlier contributors of the economy of this district were derived from the textile mills, as the cotton was a major crop here. Spinning mills, ginning mills, weaving mills and pressing units also offered good amount of employment to the people.

Review of Related Literature:

Number of studies on health, health care delivery system, healthcare expenditure and gender disparity in utilization of health care facilities have been reviewed to have a better understanding of the research topic. In this context the works of Prasad (1969), Panikar and Soman (1984), Duggal (1989), Sumaraj (1991), Rajeshwari (1996), Pieris (1999), Gumber (1997), Soman (1997), Sodani and Gupta (1998), Sen (2002), Mahmood and Ali (2002) are worth mentioning. All of them have studied upon the existing health systems and various 46 aspects of health related issues of the developing countries especially India, Pakistan, Sri Lanka at different point of time. Each of their research works have been explicitly discussed so as to see how far the health goal has been achieved till recent days and what is yet to be done. Some of the reviews mentioned here are as follows.

Rahman. S; Tara Kielmann. B; Normand. C (2012) studied the health economics and health services - seeking behaviour among the Bengali population in Bangladesh. The study aimed at exploring the reasons and choices in patterns of healthcare-seeking behaviour of the hill tribal population of Bangladesh to present the obstacles and challenges faced in accessing health care providers in the tribal areas.

Claudia R. Valeggia and J. Josh Snodgrass (2015) found that indigenous population Worldwide were experiencing social, cultural, demographic, nutritional, and psych emotional changes that had a severe impact on health. The devastating effects of colonization, the loss of ancestral land, and language and cultural barriers for access to health care were among the most salient themes characterizing indigenous people's poor health situation.

Sen (2002) has also stressed on the study of health equity in terms of gender. She viewed health through a gender lens and has commented that greater privatization has led to gender and class equity i.e. patients with higher economic status especially males generally seek better medical facilities as compared to their female counterparts and people of low economic class.

Patel. G.P (1991) studied traditional health management practices among Baiga primitive tribe of Madhya Pradesh. The researcher documented number of religious beliefs, supernatural power, unhygienic food habit, faith in the concept of sin and virtue, birth and re-birth belief, violation of taboos and so on. The study also found number of traditional treatment like worship, black magic, herbs and medicinal plants being used by them for treatment.

Mahmood and Ali (2002) have pointed that the adverse effects of ill health may hit the poor people the hardest way mainly because they are ill more often and partly because they have limited economic and human resources to cushion their risks of illness and bear high cost of treatment. Casual labour and self-employed households with limited resource base suffer considerable hardship due to frequent and prolonged illness and chronic diseases (Gumber, 1997).

Shinde (1980) portrays the regional disparities in the medical facilities available in Maharashtra. He highlighted many dimensions of the medical facilitates in the State

Zurbrigg (1984) studied inequality in Indian health care system by taking distribution of health resources between the rural and urban areas, which shows that distribution of health resources is heavily weighted in favour of the urban sector. Inequality in the distribution of health care in India Unequal distribution of health services in Indian states has been analysed by taking differential mortality levels.

Martin Andrew and Stockier, Martin (1998) suggested different ways in which quality of life assessment has been applied to and has affected health care research and practice. A scheme that describes the steps involved in the ongoing challenge of improving health outcomes is used to structure the review.

The gap in Previous Literature:

There is no specific study to investigate the difference between rural-urban settlements. There is no specific research on the availability, accessibility, and affordability, of health services among rural-urban settlements and inequalities associated with it. Previous studies have mainly focused on the issues considering government as health services infrastructure and administration. Previous studies are significant to the nation but confined to either developed regions, metropolitan cities or only rural parts of India. There is hardly any comparative study on rural-urban settlements from any backward region. There is no specific study on parallel health economics in the rural-urban settlements in any region. Also, an influence on household expenditure due to the health economics has not found addressed in the previous works. There is a need to address the health service issues that exist in the rural and urban settlements from the backward regions of India. Moreover, it has been already established from various studies that different socio-economic and demographic factors especially education, income and age have a strong influence on the access to health care services in India. But among these factors, which one is more dominant in determining the health economics of rural urban settlement in Indian scenario has not been discussed in any earlier works. Considering this research gap, the present study will attempt to explore the status of the health economics in the rural-urban settlements from Kolhapur and Nanded district of Maharashtra state.

Significance of Study:

India is one of the most populous country in the world, but health economics is not much forward so the human capital is poor. Health problem is a serious obstacle in the path of the growth of development of Indian economy. Kolhapur district has the highest per capita

income in Maharashtra. But the health economics of rural and urban areas are different. An example of this is the high number of cancer patients in Shirol taluka of Kolhapur district and their number is increasing day by day. This study will be an attempt to look into the disparity in the health economics among rural and urban settlements from the Kolhapur district. Nanded district has common per capita income in Maharashtra and this region is underdeveloped as compare to Kolhapur.

Statement of Research Problem:

The circumstances related to the health services of the Kolhapur district have changed a lot. This has generated a situation, in which, it is necessary to review the present health status of the Kolhapur district. In addition to rural urban divide, the caste, class and gender disparities in health persist, leading to a situation in which people in the different region live in entirely different worlds in terms of health. Nanded in spite of being rich in man power and agriculture resources did not have a great economic picture in the past as it was industrially backward. About 76% of the total Nanded population thrived on agriculture. However, lack of facilities such as transport, inadequate entrepreneurship, promotional investment and government support. The earlier contributors of the economy of this district were derived from the textile mills, as the cotton was a major crop here. Spinning mills, ginning mills, weaving mills and pressing units also offered good amount of employment to the people apart from this such generated situation, it is necessary to review the present health status of the Nanded district

Objectives:

1. To explore the availability, accessibility and affordability of health services among rural-urban settlements in Kolhapur and Nanded District
2. To assess the possible burden of health care expenditure on households from the rural-urban settlement in Kolhapur and Nanded District
3. To evaluate the effectiveness of Government measures on the Health Services in the Kolhapur and Nanded District
4. To investigate inequalities related to health economics among rural-urban settlements in Kolhapur and Nanded District

Hypothesis:

The major hypothesis of the study is as follows:

There is no significant difference in the health economics among rural and urban settlements in Kolhapur and Nanded District

To assess the above hypothesis test study proposes the following null hypothesis:

Null Hypothesis 1: There is no significant difference in the availability of health services among rural-urban settlements

Null Hypothesis 2: There is no significant difference in the accessibility of health services among rural-urban settlements

Null Hypothesis 3: There is no significant difference in the affordability of health services among rural-urban settlements

Operational Definitions:

Health: According to the WHO 'health' is considered as a state of complete physical, mental, social well-being, and not merely, the absence of disease and infirmity.

Health Economics: Health economics is a branch of economics concerned with issues related to efficiency, effectiveness, value and behaviour in the production and consumption of health and healthcare**.**

Rural-Urban: The unit of classification in the rural-urban area is 'town' for urban areas and 'village' for rural areas. The urban area comprises two types of towns viz: Statutory towns and Census towns.

Health Insurance: Health insurance is an insurance product which covers medical and surgical expenses of an insured individual. It reimburses the expenses incurred due to illness or injury or pays the care provider of the insured individual directly.

Variables of the Study / Parameters of the Study:

The present study will take into the consideration following variables such as Availability of health services, Access to health services, Affordability to health services, Adequacy of health services, Health infrastructure, Health burden, Health insurance, Non-Communicable Diseases, Health care out of the pocket expenditure, Financial Aspect: Earning, unearned income, Chronic health status etc. The data on these variables will be collected to investigate and explore the status of the water economy in the rural-urban settlements of Kolhapur and Nanded district.

Research Methodology:

The present study will be comparative and analytical in nature. This study is an attempt to investigate and explore the health economics among rural and urban settlements from Kolhapur and Nanded district.

Population of the Study:

Kolhapur district has 12 Tahsils (Karvir, Bavada, Panhala, Gadhingalaj, Shirol, Ajara, Bhudargad, chandgad, Hatkalangale, Kaval, Radhanagari, Shahuwadi) and The Nanded district has 16 tahsils (Nanded, Mahoor, Kinwat, Himayatnagar, Hadgaon, Ardhapur, Mudkhed, Bhokar, Umri, Dharmabad, Biloli, Naigaon, Loha, Kandhar, Mukhed and Deglur). Total number of household staying in the rural and urban settlements of Kolhapur and Nanded district is the research Population of the Study.

Population of the Study:

DISTRICT	Population			Households		
	Rural	Urban	TOTAL	Rural	Urban	TOTAL
Kolhapur	2,645,992	1,230,009	3,876,001	568,519	271,721	840,240
Nanded	913,898	2,447,394.	3,361,292	494,341	171,093	662,793

Source: Kolhapur and Nanded District Census Handbook

Sample:

Sample size for the study is determined using 'statistical analysis requirements sample size specification' formula.

$$n = \frac{z^2 \times \frac{p(1-p)}{c^2}}{1 + \left(z^2 \times \frac{p(1-p)}{c^2 \times N}\right)}$$

Using above formula sample size for each district is determined. Further, proportionate sampling technique used to determine the sample size of rural and urban settlements as shown in the following table:

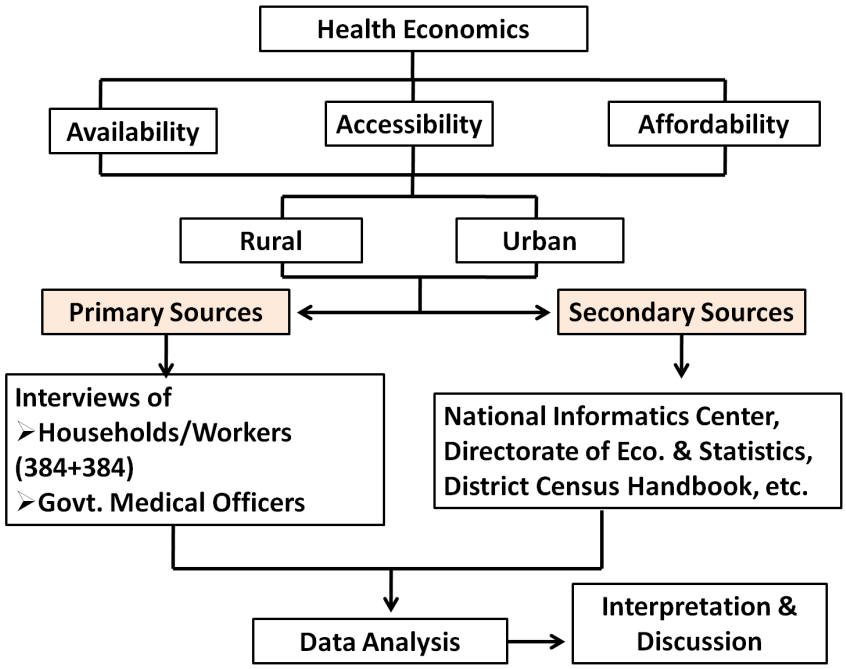
	Households	(Sample Size)

DISTRICT						
	Rural	Urban	TOTAL	Rural	Urban	TOTAL
Kolhapur	568,519	271,721	**840,240**	215	169	**384**
Nanded	494,341	171,093	**662,793**	285	99	**384**

Source: Computed using population data

Research Design:

To work on a research problem mentioned above, following research design is proposed to adopt.



Tools of Data Collection:

To explore the issues of health economics, the data will be collected from primary and secondary sources. A structured interview schedule will be utilized for the collection of primary data from the rural-urban settlements in the area. A separate interview schedule will be prepared for government administrators and owners of private water supply plants. Secondary data will be collected through sources like Census reports, Municipal Corporation reports, National Informatics Centre, District Socio-Economic Reviews, different books, relevant articles in journals, newspapers, different websites, and online statistical data sources like India stat, etc.

Proposed Chapter Scheme

Chapter-1: Introduction

First chapter will elucidate the background of the study, need of the study, significance of the study, theoretical base of the study, research question that need to be addressed during the course of study, the objectives and hypothesis of the study. The chapter will also introduce the type of research design and methodology involved for the present study. In addition, limitations and the organization of the study will be stated.

Chapter-2: Review of Literature

The second chapter will be dedicated to review of literature focusing on different studies undertaken on the issue of health economics and outcomes of similar studies. This chapter will also explicate the need of the present study in context of previous studies completed by the scholars.

Chapter-3: Profile of Kolhapur District and Nanded District

A brief profile of district in terms of its historical background, regional setting, spatial expansion, demographic features, and socio-economic characteristics will be provided in this chapter

Chapter-4: Health Economics in Rural-Urban Settlements of Kolhapur District and Nanded District

Fourth chapter will highlight health economics in general and interpret the data collected from primary sources and from secondary sources. This chapter will investigate inequalities related to health economics among rural-urban settlements in Kolhapur and Nanded District and factors responsible for the same. Moreover, it will highlight the burden of health services on peoples.

Chapter-5: Findings and Conclusions

The sixth chapter will provide a conclusive discourse of the study and major suggestions based on the findings. Justifying answer to the research question formulated in the beginning of the study/thesis and further scope of research in this or allied areas will be provided in the chapter

Limitations of Study

Study is confined to Kolhapur District only. There are many dimensions to health economics but the present study has considered only a few aspects such as Availability of health services, Access to health services, Affordability to health services, Adequacy of health services, Health infrastructure, Health burden, Health insurance, Non-Communicable Diseases, Health care out of the pocket expenditure. Results of the study are only confined to the rural and urban settlements from the Kolhapur and Nanded district.

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Research Scholar Research Guide